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STATE DOCUMENTS

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

1966-1972

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"IT'S DELIVERY THAT COUNTS"

• The general public is increasingly concerned with the availability and cost of health care. This is particularly true in the rural areas, where every community wants a physician — as well as a hospital.

• There are no simple solutions to today's complex problems, however. The real answers must be resolved through the joint effort of citizens throughout the nation, legislators, community and governmental leaders, as well as the health professionals themselves.

• The Mountain States Regional Medical Program, for more than five years, has been engaged in a broad gamut of activities aimed at the particular needs of the Region. It has been fascinating to observe the forging of an outstanding Region from four states, none of which had a medical school at the inception of the program. The number of projects and operational programs now being implemented is concrete proof that people, given a chance, can tackle and conquer the most difficult of problems.

ARTHUR R. ABBEY, Cheyenne, Wyo.
Chairman, Regional Advisory Group
Mountain States Regional Medical Program

• Change means turning away from the status quo. People in the Mountain States are receptive to new ideas to help bring the fragmented system into manageable and more productive care for patients: accelerating the production of physicians by various means, the training of physicians' assistants, expanded roles for registered nurses.

• The concept of Health Training Networks is intriguing, with great potential for consumers and health practitioners alike. Health education for the people needs to be accelerated.

• The continued success of the Mountain States Regional Medical Program is dependent upon the involvement of citizens at every level — in small towns, the larger communities, the county seats, school districts, and farm organizations. With these people pulling together, we surely will be able to come up with a health care delivery system which will be in the best interest of all Americans.

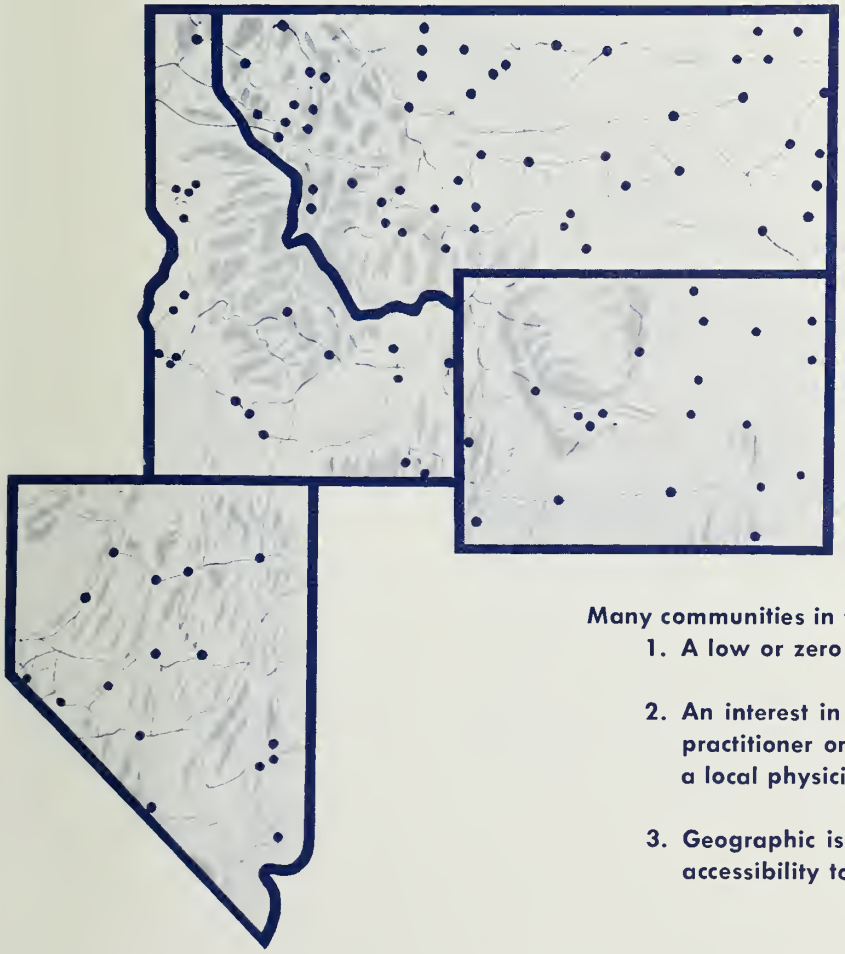
• It has been a privilege to be one of the original members of the Regional Advisory Group, and I have sincerely enjoyed the past year as Chairman. I look forward with great enthusiasm and excitement to my continued participation in this great four-state regional team as it strives to help solve some of the extant delivery problems.

ARTHUR R. ABBEY
Chairman, Regional Advisory Group

A TRIBUTE: John A. Edwards, M.D., legislator and medical crusader, suffered a fatal heart attack on July 2, 1972 in Council, Idaho. His constant search for ways to improve health care for citizens of all ages, especially in rural areas, will continue to be an inspiration.

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM
STATEMENT OF REGIONAL OBJECTIVES*

1. **Subregional Centers for Continuing Education**
   Optimize the use of manpower and provide a stimulus toward excellence in patient care by establishing a system of subregional centers for continuing education for personnel in the health occupations.
2. **Health Services for Rural Residents**
   Improve quality and accessibility to basic health care services for citizens of the Region, with emphasis on those living in rural areas through the use of new types of manpower, new organizational patterns, service oriented systems, and new equipment.
3. **Stimulate Health Manpower Development**
   Increase health manpower by stimulating educational institutions, state systems of higher education, hospitals and professional associations to plan and develop new programs and improve existing programs for pre-service and in-service education.
4. **Specialized Centers Development**
   Through educational programs, assist in development of specialized centers located in selected urban centers within reasonable access of urban and rural residents as models or demonstrations for the diagnosis, consultation and education related to major diseases and disorders. Examples include coronary care, cancer and kidney disease centers, centers for the care of childhood disorders and other obstacles to optimal child development, and centers for care of high risk mothers.



* *Adopted by the Regional Advisory Group Executive Committee October 9, 1970, subject to change.*

Many communities in the Mountain States are characterized by

1. **A low or zero physician-population ratio,**
   and/or
2. **An interest in the employment of a nurse practitioner or a physician assistant by a local physician**
   and/or
3. **Geographic isolation, with limited accessibility to primary health care**

THIS IS TONOPAH, in Nye County, Nev. (third largest county in the U.S.), site of a new general hospital with a service area of approximately 25,000 square miles. Two physicians care for the sick and injured in Nye, Esmeralda, Eureka, Lander and Lincoln counties in Nevada, and nearby Death Valley, in Calif. In foreground is the Mizpah silver-producing mine.

CONRAD RESLOCK, MD., chief of staff at Nye County General Hospital, from his wheelchair, treats a young patient from Silver Peak, 50 miles from Tonopah. For two years, he was solely responsible for the health care of approximately 25,000 central Nevadans.

COMMUNITY CONSULTING TEAM

Northern Nevada hospitals in outlying communities are visited four times a year by a select Community Consulting Team. Each team, consisting of three to five members, includes physicians, nurses or allied health personnel, who confer with the hospital staff on the patient load of the day. They represent Continuing Education—Special Delivery. Initiated in February, 1969, and coordinated by David L. Roberts, M.D., the visitation schedule includes ten community hospitals, in Ely, Fallon, Hawthorne, Winnemucca, Lovelock, Carson City, Truckee, Battle Mountain, and USPHS Indian hospitals in Schurz and Owyhee.

UNIVERSITY OF NEVADA (Reno) School of Medical Sciences students Wayne Manson, Las Vegas, and Walter Carr, Reno, agree that making patient rounds with a Community Consulting Team "makes us more aware of problems faced by rural physicians."

S. K. Hullinger, Industrial Relations Supervisor, Kennecott Copper Company, Ruth, Nev., and member of RAG

"I believe that within the next ten years tremendous changes are going to take place in all facets of the field of medicine and health care . . . I hope that my part on the RAG will enable me to work towards optimizing the health care for citizens . . . while keeping the prices for such health care realistic."

FAMILY NURSE PRACTITIONERS

• Out in the mountainous West, two specially trained Family Nurse Practitioners and their physician-employer are working in the hard glare of public scrutiny and publicity. The citizens of Council and Cambridge (Idaho) tend to believe that this new expanded role for nurses is the answer to the health care problems of small communities.

To put plan into action required: (1) a receptive community, (2) a physician wishing to hire Family Nurse Practitioners, (3) qualified nurses (preferably residents of the communities they would serve), and (4) a special training program and funds.

• Cambridge (pop. 383) and the surrounding farm community which had been without a physician for several years, was a most receptive community.

John A. Edwards M.D., of Council, 22 miles away, one of two family practitioners serving a widely scattered population of more than 6,000, agreed to pioneer the program utilizing Nurse Practitioners. Moreover, while they were in training, he was in the Legislature collaborating with a nurse legislator to amend the Nurse Practice Act — since cited by national health law authorities as a model of simplicity.

LABORATORY SKILLS are an added responsibility of Family Nurse Practitioner Kay Ortman, at the Cambridge Community Clinic.

THE COMMUNITY-BUILT Clinic gets the full attention of board chairman Bob Wood, whose office is across the street. He spearheaded volunteer contributions and labor which transformed a former pool hall into a much needed health facility.

• Selected from the local applicants were Jane Curtis, Council, graduate of a 3-year hospital school of nursing, with 20 years' experience, wife of the Superintendent of Schools, and Kay Ortman, Cambridge, a more recent graduate of a baccalaureate program, with experience in a metropolitan hospital, wife of a Forest Service employee.

• They were in a class of five registered nurses in a four-month pilot program at Stanford University Medical School. Mountain States Regional Medical Program underwrote the expenses of the

A GERIATRIC SHUT-IN welcomes Family Nurse Practitioner Ortman's cheery visit.

A PSYCHEDELIC BLUE BAG holds the Family Nurse Practitioner's basic needs for making house calls.

two Idaho nurses, Area III California RMP staff developed the curriculum, and approximately 50 faculty members donated their time.

• Meanwhile, citizens of Cambridge and the surrounding area were galvanized into action, spending the ensuing months raising funds and organizing volunteer crews to transform the gutted Pastime poolhall on Main Street into an attractive well-equipped clinic. The future receptionist gained experience working in a Boise physician's office.

• Bob Wood, father of 7, who spearheaded the community action, says proudly, "Everyone in the area contributed something — either dollars or time — so it is their Clinic." His wife later had her prenatal checkups at the Clinic with Family Nurse Practitioner Ortman, and her last baby was delivered by Family Nurse Practitioner Jane Curtis, in the Council hospital, under Dr. Edwards' supervision.

• Kay sees patients from 9 to 5, Monday through Friday, maintains telephone consultation with Dr. Edwards, who reports weekly at the Clinic. In both communities, the Family Nurse Practitioners screen patients, treat minor ailments and injuries, give physical examinations, refer others to the physician. House calls are made to shut-ins and in emergencies.

• Dr. Edwards contends his patients are receiving "better health care," since he has more time to devote to the more seriously ill.

Others are working in similar capacities in other parts of the Region. In Montana, for instance, a specially trained public nurse, Wilma Nicholson, is working full-time at the SOS (Seeley Lake-Ovando-Swan Lake) Health Center, Inc. Mountain States RMP support is helping provide sorely needed primary health care services to families far from traditional health facilities.

• The demand for qualified, specially trained Nurse Practitioners far exceeds the supply, and there is a great need for medical training facilities for them within the Region.

KEEPING THE PEOPLE INFORMED, a necessary ingredient in community enterprise, is provided by Stuart A. Dopf, editor-publisher of the weekly Upper Country News-Reporter, Cambridge.

WORKING SIDE-BY-SIDE with her employer, John Edwards, M.D., is a continuous education for Jane Curtis, despite her long years of nursing experience.

HOSPITAL MEDICAL RECORDS reflect the fine hand of the Family Nurse Practitioner, who maintains meticulous notes on patients' progress.

MEETING THE NEEDS

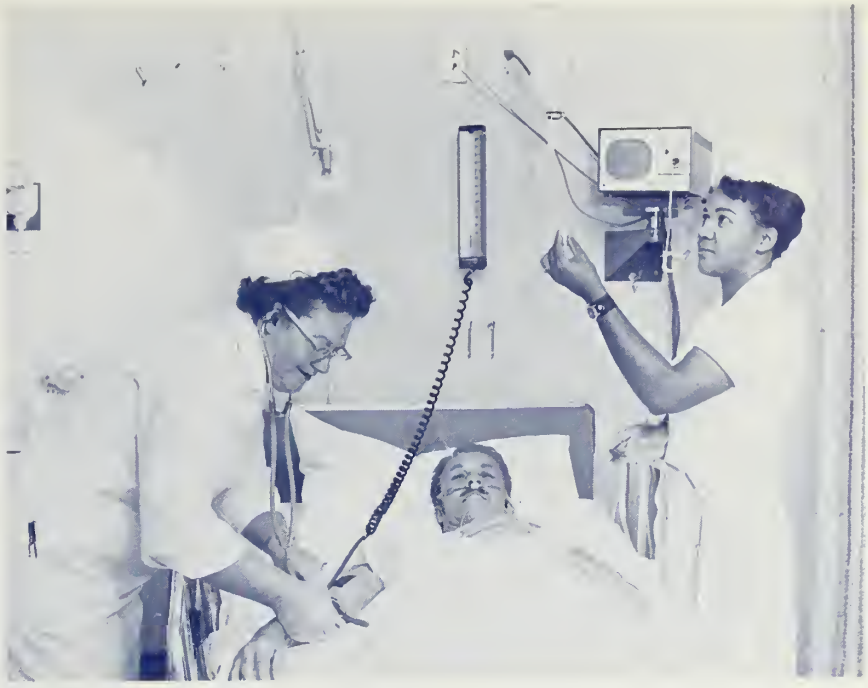
COMMUNITY HEALTH CLINICS are being established to fill unmet health and social service needs, especially of migrant workers and rural residents. Bilingual volunteers and staff personnel assist the Spanish-speaking families who report to the clinics. In Idaho, Community Health Clinics, Inc., has a board of directors, with a majority of consumer representation, from six Treasure Valley communities. Mountain States RMP staff assistance included aid in preparing a recent grant application, and locating a newly trained Family Nurse Practitioner for the clinic.

EMERGENCY MEDICAL SERVICES

ONE OF THE NATION'S five MAST programs (Military Assistance to Safety and Traffic) is located in the Mountain States Region. Here medical personnel from Mountain Home Air Force Base (Idaho) transfer an accident victim from rescue helicopter to an ambulance. Mountain States RMP participated in the site visit and briefing sessions developed by the Departments of Defense, Transportation, and Health, Education and Welfare. In addition, Mountain States RMP is working with other groups and agencies, towards coordinated Emergency Medical Services.

PREPARING TO COPE with summer emergencies in the Sawtooth Mountains, Marie Osborne, R.N., takes refresher courses arranged by Mountain States RMP in cooperation with Washington/ Alaska RMP. Special training included emergency and trauma care, and coronary-intensive care. There is an annual influx of tourists, sportsmen and seasonal workers, and in emergency situations, the registered nurse will relate to the two nearest physicians, and a hospital 61 miles away.

PRIN (Professional Rescue Instructors of Nevada) which promotes emergency medical care training, is spearheaded by John Batdorf, M.D., shown instructing a trainee on handling a knee injury. Approximately 150 law enforcement, firemen, ambulance personnel involved with highway victims attended a recent workshop in Sparks co-sponsored by Washoe County Jeep Squadron and Mountain States RMP.



SKILLED NURSES perform their duties swiftly and efficiently in today's modern ICU unit.

TO SAVE A LIFE

One of the most dramatic developments in the past decade is the intensive coronary care unit, with its sophisticated equipment requiring special techniques. The advent of this new knowledge has brought hope to a nation where heart attacks are still "the No. 1 killer." Specially designed courses in coronary care for physicians and nurses are offered on a year round basis by Mountain States RMP. In Missoula, Mont., under the direction of Harold A. Braun, M.D., four-day symposia on coronary care, prevention and rehabilitation are held for physicians throughout the Region. Nurse educator Lillian LaCroix, R.N., in addition to teaching three-week courses for nurses three times a year, traveled almost 12,000 miles last year for on-site workshops in 33 participating hospitals, and refresher courses for previously trained nurses.

Health practitioners unable to attend sessions in Missoula have obtained similar training in Las Vegas, Nevada, and in Casper, Wyoming.

A consortium of four hospitals, the Heart Association and Mountain States RMP was formed to provide coronary care training for Southwest Idaho health professionals. Wilma Secor, R.N., gives instructions to nurses alternately in Mercy Hospital, Nampa; Caldwell Memorial, Caldwell; St. Luke's and St. Alphonsus, in Boise. There is a waiting list of prospective students for all CC classes.

FOLLOWING THE tell-tale blip on a monitor.

PRECISE MEASUREMENTS are necessary before treatment can begin.

ADVANCEMENTS

Mountain States Tumor Institute

A commitment by the medical community to pool clinical resources and expertise for maximum patient care helped establish the Mountain States Tumor Institute, funded by Mountain States Regional Medical Program. A separate facility housing the regional diagnostic, treatment and education center was built by St. Luke's Hospital, Boise, Idaho, and the community provides additional support through individual and group contributions, and memorials.

Since construction was completed in May, 1971, on the Mountain States Tumor Institute, an increasing number of outpatients are being referred by physicians from an ever-widening area. Tumor conferences are held four times a week, as well as weekly educational conferences for nurses and physicians.

A highly qualified professional staff includes Maurice M. Burkholder, M.D., acting medical director; C. Ronald Koons, M.D., radiotherapist; J. H. Luce, M.D., chemotherapist and director of clinical research: Shirlee Koons, R.N., nursing coordinator, and

N CANCER CARE

John J. Dawson, patient counselor, who deals with the social and emotional needs of patients and their families.

A series of seminars on "Death and Dying" have been held throughout the Region since the presentation by Elisabeth Kubler-Ross, M.D., at the initial cancer nursing symposium at MSTI. A film, "Living with Dying" consisting of a series of interviews with cancer patients or their relatives, produced in cooperation with KBOI-TV, also is being shown widely.

This prototype center, outside the traditional perimeters of a medical school, is being monitored by cancer leaders throughout the nation. The MSTI can be replicated — where the will and need exists.

NUCLEAR MEDICINE specialist checks patient records.

ELISABETH KUBLER-ROSS, M.D., national authority, and Jack Dawson, MSTI clinical counselor, make presentations throughout the Region.

Rocky Mountain States Cooperative Tumor Registry

Initial support for this cancer control program came from three Regional Medical Programs: Mountain States, Colorado/Wyoming and Intermountain. The

RADIOTHERAPIST marks patient progress in X-rays after treatment.

CLOSED CIRCUIT TELEVISION enables technician to monitor patient during radiation treatment. Control panel for cobalt machine is at left.

confederacy of six state tumor registries—Colorado, Idaho, Montana, Nevada, Utah and Wyoming, represents the largest registry in area in the nation. The central registry, under the direction of Charles A. Smart, M.D., is in Salt Lake City.

The registry secretaries travel extensively throughout their respective states, gathering data and providing consultation on medical records in the smaller hospitals. In addition to assisting the practicing physician with his patient care, the computer printouts produce valuable information on the incidence of tumor cases in these primarily rural states.

In one dramatic episode, the registry produced evidence that an entire school populace was being exposed to a dangerous environmental situation. The medical community was alerted and the children and adults are now under surveillance as "high risk" persons.

The Mountain States registries include: *Idaho,* John Hutchison, Idaho Hospital Association executive, project director, and Donna Wilde, R.R.L., registry secretary: *Montana,* J. F. Lowney, M.D., Fort Harrison VA, director, and Rose Voth, R.R.L., secretary; *Nevada,* J. W. Decker, M.D., Washoe Medical Center, director, assisted by Lura Tularski; *Wyoming,* H. S. Parish, M.D., State Department of Health and Social Services, director, assisted by Nellie M. Hay.

Alternate means for sustaining the Registry, as RMP funding terminates, are being considered by the various states, including a tax levy on cigarettes, or implementation by the Health Department or a University.

LURA TULARSKI (left), assistant director of the Nevada Registry, and Rona Lee, U. of Nevada medical technology student, scan data sheets at the long established Reno Cancer Center.

THE CONTINUING QUEST FOR KNOWLEDGE

• Health professionals are hard-pressed to keep abreast of the knowledge explosion, in order to transmit the newest technological developments into quality patient care. Throughout the Region, continuing education programs are being offered to nurses in their own communities.

• Each of the four projects, funded through Mountain States RMP, is based at a baccalaureate school of nursing: Orvis School of Nursing, Reno, Nevada; Idaho State University, Pocatello; University of Wyoming, Laramie, and Montana State University, Bozeman.

• Workshops and course offerings cover a wide variety of subjects, to meet the assessed needs of the nurse: stroke rehabilitation, patient care plans, labor and delivery, etc. Frequently, courses are co-sponsored by other official or voluntary agencies, including Tuberculosis and Respiratory Disease, Heart and Cancer associations, as well as adjacent RMP's.

• The respective schools of nursing are exploring avenues to continue these "customized" continuing education activities, at the end of the RMP grant period.

Esther Lantz, Montano Continuing Educotion for Nurses project coordinotor

☆

• Wherever there is a need, training programs are offered to existing health professionals in new concepts and techniques . . . The Montana Medical Education and Research Foundation (MMERF) has implemented more than 100 continuing education programs for personnel in 22 different health professions, with more than 5,000 participants.

CONTINUING EDUCATION (constontly updoting one's knowledge) is plotted for nurses throughout the Region by: (stonding from right) Louro Lorson, Regionol Coordinotor of Nursing and Allied Heolth; Virginia Block, Wyoming office; (seoted from left) Shirlee Koons, Mountain Stotes Tumor Institute; Etheldo Thelen, Nevodo CE project coordinotor; Borboro Houf, Montono Stote University, Bozemon; Borbora Goetz, Wyoming CE project coordinotor; Donna Freshmon, Idaho project coordinotor; Eileen Merrell, Idoho office.

REHABILITATION TECHNIQUES ore constontly being perfected to aid the stroke victim. Advonced knowledge on the care of the stroke patient is brought to nurses, licensed practicol nurses ond oides through RMP continuing educotion courses.

Almo Jocobs, Heod Librorian, Greot Folls Public Library, and member, Mountain Stotes RMP Regionol Advisory Group

"I con readily understand the regionol opprooch to health core becouse in Montano we ore involved with library service of o regionol nature. It is interesting to note the porollel in the delivery of health core services."

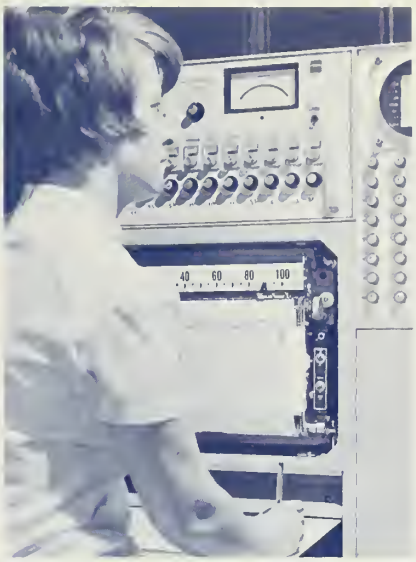
THE CONTINUING QUEST

• Seeking new knowledge are physicians, nurses, physical therapists, medical technologists and radiologic technologists, dental hygienists, inhalation therapists, medical record personnel. The educational demands of these health practitioners help point out existing gaps in training programs.

• The recurring demand for medical record programs, for instance, helped stimulate the fourth year curriculum in Medical Record Science, at Carroll College, in Helena, Mont. Scheduled to open in Sept., 1972, this marks the first baccalaureate program in Medical Record Science to be offered within the Region.

• A practical tool to assist the practicing health professional is the RMP support for Health Scince Information. Working with the existing resources such as state, university and public library systems and the Regional Health Science Libraries, a veritable network of scientific knowledge, references services and reprints of the latest literature, has been strengthened and extended for any health professional in the most remote corner of the Region.

SURGICAL REVIEW sessions held in Cheyenne, Wyo., drew physicians from a wide area, eager to sharpen their skills under the tutelage of medical school faculty.



TECHNOLOGISTS must keep pace with the newest knowledge, as sophisticated equipment is perfected to aid in diagnosis through blood chemistry.

A PHYSICAL THERAPIST, as part of the health team, keeps abreast of new developments.

NEONATAL (NEWBORN) CARE — a specialized field requiring highly skilled physicians and nurses.

PULMONARY FUNCTION TEST precedes inhalation therapy — another scientific development requiring specially trained health professionals.

FACULTY PREPARING FOR SEMINAR on "The Respiratory Patient," Billings, Mont., are (from left) John E. Kasik, M.D., University of Iowa Medical School, and Christen C. Rattenborg, M.D., University of Chicago Medical School.

SPECIAL TRAINING for public health nurses is provided by Mountain States RMP, in cooperation with Washington/Alaska RMP, at the Renal Dialysis Research Unit in Seattle. The nursing supervisor, at left, gives instructions on the maintenance of a home kidney machine.

TASK FORCE considers the potential of Health Training Networks as a means to improve patient care and management. From left: Don Erickson (Wyo.), J. B. Deisher, M.D. (Nev.), Sister Helen Frances, Regional Advisor, (Idaho), C. E. Smith, Ph.D. (Regional office), Bill Coffman (Idaho), Helen Alexander (Mont.)

HEALTH CAREERS are promoted by Mountain States RMP, working in conjunction with educators and counselors, hospital associations and health professional groups. Exhibits at fairs, Health Career days in schools, and directories of health career opportunities all are geared to attract additional young people to this specialized service field.

HEALTH MANPOWER DEVELOPMENT, a key issue particularly in rural states, is outlined by another Task Force: From left, Claude O. Grizzle, M.D. (Wyo.), Dix Shevalier (RAG member, Mont.), John Breeden (Mont.), Phoebe Lindsey (Idaho). Not shown are Laura Larson and John W. Gerdes, Regional office.

IMPROVING HEALTH CARE FOR TOMORROW

The Mountain States RMP has a simple, clear objective — to assist in improving health care for residents of the Mountain States of Idaho, Montana, Nevada and Wyoming.

We hope to pursue this objective by continuing to work in concert with the *providers of care* — physicians, nurses, hospitals and allied health workers — and with the *consumers of care* — patients, you, your neighbors and co-workers. All have common interests:

1. **A citizen wants to maintain good health,**
2. **A sick person wants to regain good health**
3. **Providers are prepared and desire to assist fellow humans in maintaining or regaining a state of good health.**

JOHN W. GERDES, PH.D.
Regional Director

We will continue to be involved in education—community-based, occupation-based, and education oriented to consumer needs. Balancing that involvement, we will assist providers and consumers to explore ways to improve the *availability, accessibility* and *quality* of health care services. Preventive, curative and emergency care will be primary concerns. New types of manpower that can bridge gaps will be explored — particularly in rural areas. We shall continue to seek ways of assisting providers and consumers, especially in areas where there is a deficit of services.

JOHN W. GERDES, Ph.D.
Regional Director

Photos courtesy of:

Caldwell Memorial Hospital
Idaho National Guard
Great Falls (Mont.) Tribune
Montana Deaconess Hospital, Great Falls
St. Luke's Hospital
St. Patrick Hospital, Missoula, Mont.
Statesman Newspaper, Boise, Idaho
Tonopah (Nev.) Times Bonanza
University of Nevada, Reno
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MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

REGIONAL OFFICE
305 Federal Way
P. O. Box 5796
Boise, Idaho 83705
PH: (208) 342-4666

STATE OFFICES

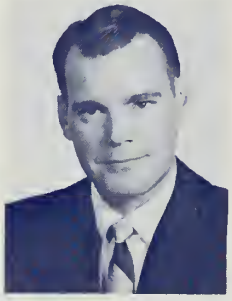
IDAHO
310 W. Idaho Street
P. O. Box 957
Boise, Idaho 83701
PH: (208) 343-4817

NEVADA
956 Willow Street
Reno, Nevada 89502
PH: (702) 786-6649

MONTANA
1109 Sixth Avenue North
P. O. Box 2829
Great Falls, Montana 59401
PH: (406) 453-1491

WYOMING
3100 Henderson Drive, Suite 14
Cheyenne, Wyoming 82001
PH: (307) 632-0524

J. B. DEISHER, M.D.
Nevada Director



CLAUDE O. GRIZZLE, M.D.
Wyoming Director

SIDNEY C. PRATT, M.D.
Montana Director

IDAHO DIRECTOR
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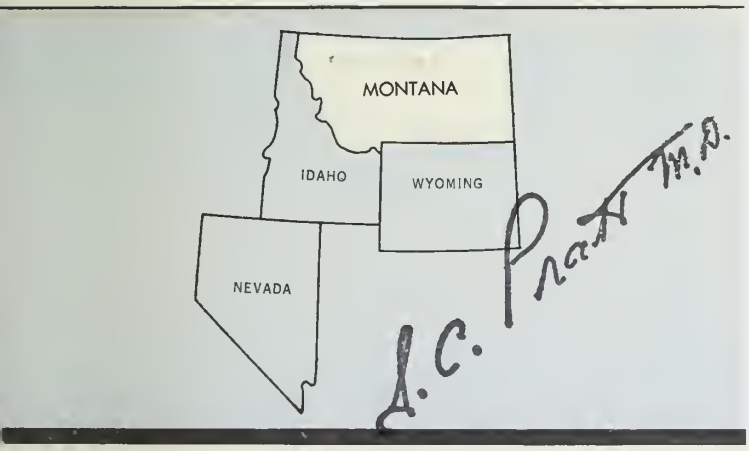
GRANTEE ORGANIZATION
Western Interstate Commission for Higher Education
P. O. Drawer "P"
Boulder, Colorado 80302



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THE MONTANA DIVISION, WICHE

Mountain States Regional Medical Program

Box 2829, Great Falls, Montana 59401

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For additional information, write or call any of the Mountain States Regional Medical Program offices.

HISTORICAL HIGHLIGHTS

Oct. 1965 — PL 89-239 enacted by Congress, aimed at combating the target diseases: Heart, Cancer, Stroke and related illnesses.

Nov. 1966 — Division of Regional Medical Programs of the Department of Health, Education and Welfare, awarded a two-year planning grant to WICHE (Western Interstate Commission for Higher Education) for a Mountain States Regional Medical Program, encompassing Idaho, Montana, Nevada and Wyoming. Regional office and field offices in each state established.

Jan. 1967 — Regional Advisory Group members selected.

Aug. 1967 — Survey of health needs in the Region launched.

Mar. 1968 — MS/RMP becomes operational with funding of intensive coronary care training center in Missoula, Montana.

Mar. 1969 — Mountain States Tumor Institute funded — a regional diagnostic, treatment and educational center to improve care of cancer patients . . . Montana Medical Education and Research Foundation incorporated.

June 1969 — Rocky Mountain States Cooperative Tumor Registry funding granted for four-state participation . . . Montana Continuing Medical Education for all health professionals funded.

Mar. 1970 — Four operational programs funded: Continuing Education for Nursing—Nevada; Inhalation Therapy and Respiratory Care Training, Nevada and Idaho; Intensive Cardiac Care Training in Southern Nevada; Community Consulting Team serving rural Nevada.

June 1970 — Idaho Nursing CE funded.

Oct. 1970 — RMP law amended to include "kidney disease," placing new emphasis on primary, preventive care.

— MS/RMP sponsors two nurses for pilot Nurse Practitioner training at Stanford Medical School.

Dec. 1970 — Wyoming CE for nurses funded.

Jan. 1971 — Southwest Idaho Coronary Care Training funded.

May 1971 — Regional conference on "Expanded Role of the Nurse," Boise.

June 1971 — Triennium approved and funded for MS/RMP.

— Montana CE for Nursing funded.

Sept. 1971 — Tri-Regional Conference on Health Maintenance Organizations, San Francisco.

May 1972 — MS/RMP hosts National Regional Medical Programs Allied Health Conference.

Eligible health and community agencies and institutions are encouraged to submit project proposals designed to meet health care needs in the Mountain States area.
A project should have an impact on the health care systems by 1. Increasing the accessibility of health care 2. Maintaining and improving the quality of health care 3. Stemming the increasing costs of health care services.

One of the nation's 55 RMP's, the Mountain States Regional Medical Program encompasses the States of Idaho, Montana, Nevada and Wyoming. It is supported by the Regional Medical Programs Service, a division of Health Services and Mental Health Administration, U.S. Department of Health, Education and Welfare.